

Fig. 1

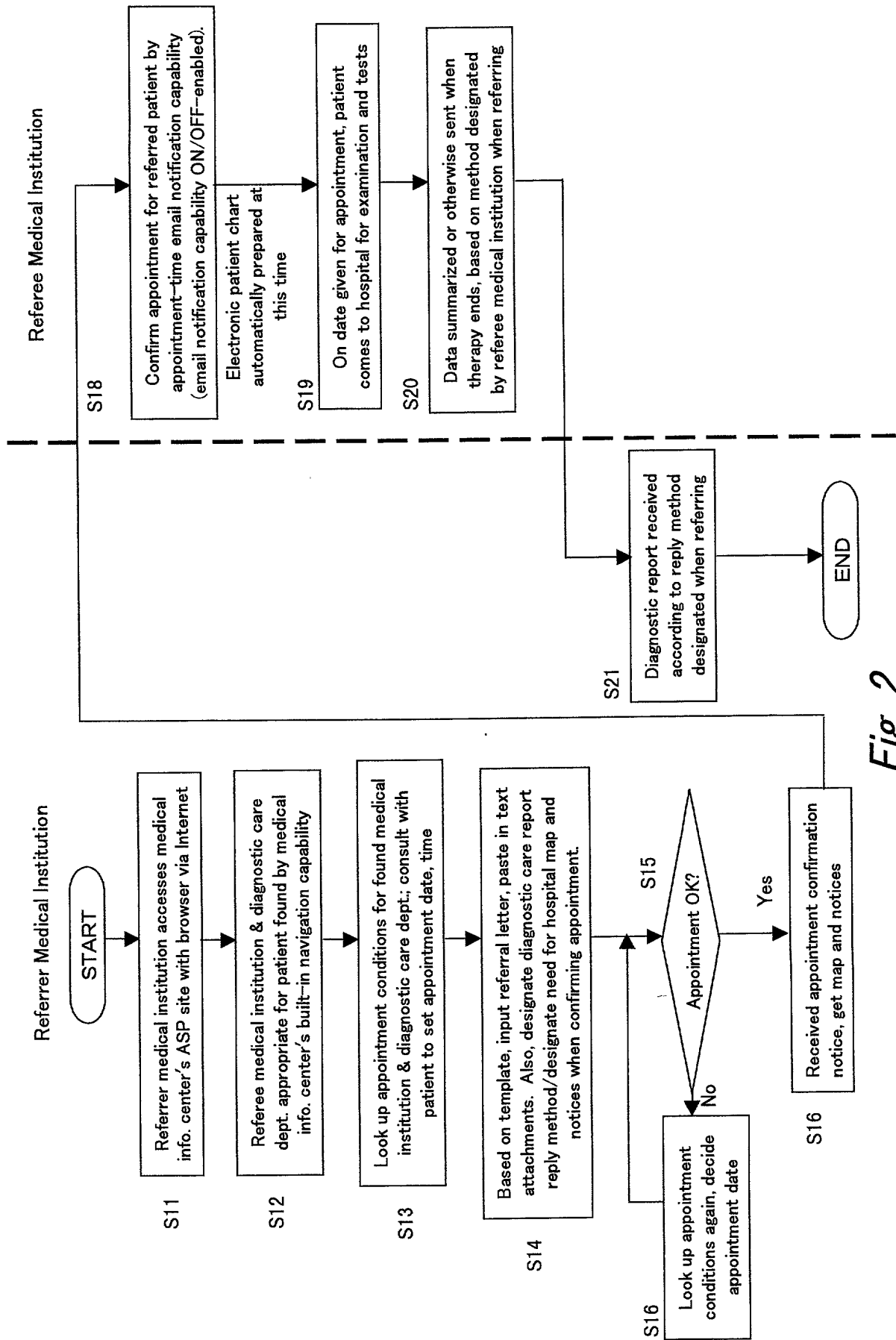


Fig. 2

Hospital Code	
Hospital Name	
Map Code	
Particulars	Address
	Director Name
	TEL
	FAX

*Fig. 3*

Membership Number	
Password	
Member Name	
Detailed Content	Name of Medical Institution
	Affiliation
	Address
	TEL
	FAX

*Fig. 4*

Hospital Code
Department Code
Department Name

*Fig. 5*

Hospital Code
Department Code
Doctor Code
Doctor Name
Referral Determination Comment

*Fig. 6*

Hospital Code
Map Info.

*Fig. 7*

Symptom Classification	Primary Classification Code
	Secondary Classification Code
	Tertiary Classification Code
Hospital Code	
Department Code	

*Fig. 8*

Classification Division	
Symptom Classification	Primary Classification Code
	Secondary Classification Code
	Tertiary Classification Code
Classification Name	

*Fig. 9*

Hospital Code
Detailed Content of Notices

*Fig. 10*

Key Info.	Department Code
	Doctor Code
	Date
	Start Time
	End Time
Patient ID	
Appointment Comments	

*Fig. 11*

Patient Chart Number	
Patient Info.	Patient ID
	Name
	...
Treatment Info.	Observations
	Test Results
	Problems
	...
Data History Info.	Creator
	Date Created
	Edition

*Fig. 12*

User ID
Password
Title
Text of Message
Attachment Info.
Send Date

*Fig. 13*

User ID
Password
User Name
Affiliation Info.
...

*Fig. 14*



Patient ID
Patient Name
Age
Sex
Birthday
Address
TEL
...

*Fig. 15*

Key Info.	Department Code
	Physician Code
	Date
	Start Time
	End Time
Patient ID	
Appointment Comments	

*Fig. 16*

Key info.	Department Code
	Doctor Code
	Date
	Start Time
	End Time
Patient ID	
Appointment Comments	

***Fig. 17***

Comprehensive Medical Info. Service

Membership Number   
Password

*Fig. 18*

Service List

Notification Service

Message Service

Medicine Info. Service

Patient Referral Service

*Fig. 19*

Hospital Search

Search Method Search by Hospital ▼

Search by Address

Search by Symptom Name

Search by Symptom Classification

Keyword

Search
Cancel

*Fig. 20*

Search Results

A Hospital	E Department	Dr. Ichiro
B Hospital	F Department	Dr. Jiro
C Hospital	G Department	Dr. Saburo
D Hospital	H Department	Dr. Shiro

Appointment  
Application
Cancel

*Fig. 21*

Hospital

Department: Referral Calendar for Dr. Saburo

July

Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4
		X	X	X	X
5	6	7	8	9	10
X	X	O	O	X	X
11	12	13	14	15	16
X	O	O	O	X	X
17	18	19	20	21	22
O		X	O	O	X
23	24	25	26	27	28
O	O	O	O	O	X
29	30	31			
O	O	O			

Last Month

Next Month

Cancel

*Fig. 22*

Hospital

Department: Referral Calendar for Dr. Saburo

Appointment Conditions for Tuesday, July 18

9:00~10:00	3/5
10:00~11:00	5/5
11:00~12:00	5/5
12:00~13:00	3/5
13:00~14:00	2/5
14:00~15:00	2/5

Cancel

*Fig. 23*

Referral Particulars  
(Diagnosis, Observations,  
etc.)

Attached Files  Reference  Reference

Hospital map, notices for  
confirming appointment ☒ Needed ☐ not needed

Method to send back  
diagnostic report ☐ Email ☐ mail ☐ FAX ☐ TEL

Comments

*Fig. 24*

Appointment Confirmation

Hospital

Department Dr.Saburo

Tuesday, July 18, 1:00 p.m. to 2:00 p.m.

Detailed Content of Referral

We have made an appointment for patient  
Mr./Ms. \_\_\_\_\_

OK

*Fig. 25*